



LAS VEGAS RESORT AND CASINO

Best Rate Guarantee Fax Claim Form

Date: _____

Guest Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Players Club Card Number (if applicable): _____

Reservation Information

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____ Confirmed Rate: _____

Third Party Quoted Rate: _____

Third Party Location: _____

Proof Submitted: _____

Comments: